

# PART ONE - ESTABLISH A TSCA ENTITY IN CATS

for a planned/actual inspection or other compliance monitoring activity

MANDATORY DATA FIELDS ARE IN BOLD

Entity Name: **Sunset Creek Apartments**

Address: **5400 North Nevada Avenue**

City: **Colorado Springs**

County: **El Paso**

State: **CO**

Zip code: **80918**

Program ID Number or Permit Number **NA**

Geographical Location (provide one): Latitude/Longitude: **Unknown**  
Section/Township/Range: **Unknown**

Contact Name: **Michelle Martin**

Phone Number: **719-598-6550**

Mailing Address (PO Box): **Same**

City:

State:

Zip code:

SIC Code(s): **6513**

Is this entity in a Priority Watershed? **Yes** **Unknown** **No**  
If YES, identify the Watershed by HUC Code (please refer to the listing of Priority Watersheds):

Applicable MOA Priority and/or Industrial Sector (for entity or activity) (select sector name(s) AND Sub Part of Sector(s))

| SECTOR NAME                                      |
|--|
| <b>NONE</b> of the listed sectors apply <b>X</b> |

Classification / Facility Function: **LL**

Facility Type / Type of ownership (select appropriate type):

|   |                                       |   |
|---|---------------------------------------|---|
| <input checked="" type="checkbox"/> Privately owned | <input type="checkbox"/> State owned  | <input type="checkbox"/> Mixed ownership    |
| <input type="checkbox"/> Tribally owned             | <input type="checkbox"/> County owned | <input type="checkbox"/> Unknown ownership  |
| <input type="checkbox"/> Federal Facility           | <input type="checkbox"/> City owned   | <input type="checkbox"/> Individually owned |
| <input type="checkbox"/> Corporation                |                                       |   |

If Tribally owned OR operated OR on Tribal land, which Tribe (see list and enter appropriate number):

Policy applicable to this entity (select as many as applicable)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Indian Policy (regional) | <input type="checkbox"/> Small Business Policy  | <input type="checkbox"/> EPA Audit Policy |
| <input type="checkbox"/> Indian Policy (national) | <input type="checkbox"/> Small Community Policy | <input type="checkbox"/> State Audit Law  |
| <input checked="" type="checkbox"/> None          |   |   |

Initiative applicable to this entity (select as many as applicable)

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Env. Leadership Program | <input type="checkbox"/> CBEP                   | <input type="checkbox"/> North Denver    | <input type="checkbox"/> EJ Concerns |
| <input type="checkbox"/> Common Sense Initiative | <input type="checkbox"/> Project XL/Perf. Track | <input checked="" type="checkbox"/> None |                                      |
| <input type="checkbox"/> Other                   |   |  |                                      |



NOTIFICATION AND DISCLOSURE RULE FOR LEAD-BASED PAINT  
SECTION 1018 - FILE REVIEW CHECKLIST  
APARTMENT COMPLEX - REAL ESTATE

FACILITY NAME/ADDRESS: SUNSET CREEK APTS  
5400 NORTH NEVADA AVE  
DATE: 11/4/02 COLORADO SPRS, CO 80918

- ☒ 1) Presented credentials.  
☒ 2) NOI signed.

MICHELLE MARTIN  
Name (Manager, Owner, Agent, etc.)

Title / Phone

(attach business card)

Owner name/address: \_\_\_\_\_

FILE REVIEW: (Applicable to properties built before 1978, with agreements of sale or lease dated after September 6, 1997.)

Year this property built: \_\_\_\_\_

- # agents in office.  
— Total apartments in complex.  
— Total # "Section 8" housing.  
— Total # of files reviewed.

Suggested guideline:

| # agents in office                                     | % of agents to review: |
|--|------------------------|
| 1 - 10   | 20%                    |
| 11 - 20  | 15%                    |
| 21 or more   | 10%                    |
| # files to review = (%agents x # agents in office) x 3 |                        |

COMMENTS/SUMMARY OF FILE REVIEW:

310 UNITS 1968

WILMAX CAPITAL - DALLAS TEXAS

JUDY McMAHON - PM 337-9674  
VP WILMAX

B406/10-207 OK 10/106 4/207 OK 10/103 OK  
Apt 8-201 OK 2/109 OK 4/203 OK 6/203 OK  
2/212 OK 4/212 OK 5/212 OK 10/212 OK

Inspector signature: \_\_\_\_\_

Charles Hoover



**Michelle Martin**

*Property Manager*

[www.rent.net/direct/sunsetcreek](http://www.rent.net/direct/sunsetcreek)

E-Mail: [suncreekcs@aol.com](mailto:suncreekcs@aol.com)

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5400 N. Nevada Ave., Colorado Springs, CO 80918  
(719) 598-6550 • Fax: (719) 598-2821



US ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

NOTICE OF INSPECTION

|   |                      |                     |   |
|---|----------------------|---------------------|---|
| 1. INVESTIGATION IDENTIFICATION   |                      |                     | 3. FACILITY NAME  |
| DATE<br>11/4/02   | INSPECTOR NO.<br>015 | DAILY SEQ. NO.<br>5 | SUNSET CREEK APTS   |
| 2. INSPECTOR'S ADDRESS<br><br>999 18 <sup>th</sup> Street, Suite 300, 8ENF-T<br>Denver, CO 80202-2466 |                      |                     | 4. FACILITY ADDRESS<br><br>5400 NORTH NEVADA AVE<br>COLORADO SPRINGS CO 80918 |

For Internal EPA Use. Copies may be provided to recipient as acknowledgment of this notice.

REASON FOR INSPECTION

☒ This inspection involves the review of records, files, papers, and shall include copies of Section 1018 Disclosure documents for residential real estate and/or lease transactions.

☒ In addition, this inspection extends to (check appropriate blocks):

☐ A. Financial data

☐ D. Personnel data

☐ B. Sales data

☐ E. Research data

☐ C. Pricing data

☒ F. Lease data

The nature and extent of inspection of such data specified in A through F above is as follows:  
To determine compliance with the Title X, Section 1018 Disclosure Rule.

Certification of Voluntary Consent

I hereby certify that I have voluntarily consented to allow the representatives of EPA named below to review real estate notification and disclosure forms and any other documents relating to EPA's ability to determine compliance with Title X, Section 1018, and to allow the EPA representatives to make copies of these documents. These documents shall be used to determine compliance with the Title X, Section 1018 Disclosure Rule.

|  |                        |   |                        |
|--|------------------------|---|------------------------|
| INSPECTOR'S SIGNATURE<br><i>Charles Hoover</i> |                        | RECIPIENT'S SIGNATURE<br><i>Michelle Martin</i> |                        |
| NAME<br>Charles Hoover                         |                        | NAME<br>MICHELLE MARTIN                         |                        |
| TITLE<br>Compliance Inspector                  | DATE SIGNED<br>11/4/02 | TITLE<br>PROPERTY MGR                           | DATE SIGNED<br>11/4/02 |

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**SECTOR NAME**

**NONE of the listed sectors apply X**

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Facility Type / Type of ownership (select appropriate type):

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☒ None

Initiative applicable to this entity (select as many as applicable)

☐ Env. Leadership Program    ☐ CBEP    ☐ North Denver    ☐ EJ Concerns  
☐ Common Sense Initiative    ☐ Project XL/Perf. Track    ☒ None  
☐ Other

Entity Name: Sunset Creek Apartments

Address: 5400 North Nevada Avenue

City: Colorado Springs      County: El Paso      State: CO      Zip code: 80918


Program ID Number or Permit Number                     NA                    

Permit number related to the inspection (if different from above):           NA          

Others:

**NOTE: if Compliance Assistance was provided, please submit information to RCATS using the RCATS Form**

| <b>U.S. ENVIRONMENT PROTECTION AGENCY</b><br><b>Inspection Conclusion Data Sheet</b><br><i>(See Reverse Side for instructions and definitions for completing this form.)</i>  |   | 1a. Region:<br><div style="font-size: 2em; text-align: center;">8</div>   |   |  |     |    |  |   |
|---|---|---|---|--|-----|----|--|---|
| 1b. Facility Name/Location <u>SUNSET CREEK APTS</u><br><u>5400 N. NEVADA AVE, CO SPRS, CO 80918</u>   |   | 2. General Facility or Permit ID number:  |   |  |     |    |  |   |
| 3. SIC (4-digit)      or NAICS Code (5-digit):      If you cannot identify code, identify manufactured products<br><div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">3</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 10px;">or type of activity performed</div>   |   |   |   |  |     |    |  |   |
| 4. Date of Inspection: (mm/dd/yyyy)<br><div style="font-size: 1.2em;">11/04/02</div>  |   | 5. Media Type:<br><input type="checkbox"/> CAA-Stationary <input type="checkbox"/> CWA-NPDES <input type="checkbox"/> GLP <input checked="" type="checkbox"/> Lead Paint  |   |  |     |    |  |   |
| 6. If you observed deficiencies during the inspection, did you communicate the deficiencies to the facility at that time?   |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="text-align: center; vertical-align: middle;">✓</td> </tr> </tbody> </table>   | Yes   | No   |     | ✓  |  |   |
| Yes   | No  |   |   |  |     |    |  |   |
|   | ✓   |   |   |  |     |    |  |   |
| 7. Did you observe or see the facility take any actions during the inspection to address the deficiencies noted?<br><i>If yes, check the action(s) taken, or describe any other action? (Check all that apply)</i><br><b>Action taken</b><br><input type="checkbox"/> Verified compliance with previously issued enforcement action -part or all conditions<br><input type="checkbox"/> Corrected record keeping deficiencies<br><input type="checkbox"/> Corrected monitoring deficiencies<br><input type="checkbox"/> Completed a notification or a report<br><input type="checkbox"/> Requested a permit application<br><input type="checkbox"/> Implemented new or improved management practices or procedures<br><input type="checkbox"/> Improved pollutant identification (e.g., labeling, manifesting, storage, etc.)<br><input type="checkbox"/> Reduced pollution (e.g., use reduction, industrial process change, emissions or discharge change, etc.). Specify the common pollutant(s) reduced. <i>Other than below:</i><br><div style="margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Water:</b><br/> <input type="checkbox"/> Ammonia    <input type="checkbox"/> TC<br/> <input type="checkbox"/> BOD    <input type="checkbox"/> DO<br/> <input type="checkbox"/> COD    <input type="checkbox"/> Metals<br/> <input type="checkbox"/> TSS    <input type="checkbox"/> CN<br/> <input type="checkbox"/> O/G               </td> <td style="width: 50%;"> <b>Air:</b><br/> <input type="checkbox"/> NOx    <input type="checkbox"/> HAPs<br/> <input type="checkbox"/> SO2    <input type="checkbox"/> CO<br/> <input type="checkbox"/> PM<br/> <input type="checkbox"/> VOC<br/> <input type="checkbox"/> Metals               </td> </tr> </table> </div> |   | <b>Water:</b><br><input type="checkbox"/> Ammonia <input type="checkbox"/> TC<br><input type="checkbox"/> BOD <input type="checkbox"/> DO<br><input type="checkbox"/> COD <input type="checkbox"/> Metals<br><input type="checkbox"/> TSS <input type="checkbox"/> CN<br><input type="checkbox"/> O/G | <b>Air:</b><br><input type="checkbox"/> NOx <input type="checkbox"/> HAPs<br><input type="checkbox"/> SO2 <input type="checkbox"/> CO<br><input type="checkbox"/> PM<br><input type="checkbox"/> VOC<br><input type="checkbox"/> Metals | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td style="text-align: center; vertical-align: middle;">✓</td> </tr> </tbody> </table> | Yes | No |  | ✓ |
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| Yes   | No  |   |   |  |     |    |  |   |
|   | ✓   |   |   |  |     |    |  |   |
| 8. Did you provide compliance assistance during the inspection?<br><i>If yes, what type of assistance did you provide?</i><br>(Check one or both, see instructions for descriptions)<br><input checked="" type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2<br><i>Note: This form does not require EPA inspectors to provide compliance assistance.</i>  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: middle;">✓</td> <td></td> </tr> </tbody> </table>                         | Yes   | No   | ✓   |    |  |   |
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| <b>Optional Additional Information:</b> EPA inspectors may wish to provide a narrative description of actions taken by the facility or assistance to help the facility come into compliance. (Narratives may be used in national or regional reports to provide examples of EPA inspection outcomes). Lead Paint inspectors may complete supplemental information sheet.  |   |   |   |  |     |    |  |   |

|  <b>U.S. ENVIRONMENT PROTECTION AGENCY</b><br><b>Inspection Conclusion Data Sheet</b><br><i>(See Reverse Side for instructions and definitions for completing this form.)</i>  |    | 1a. Region:<br><span style="font-size: 2em;">8</span>  |     |    |   |   |
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| 4. Date of Inspection: (mm/dd/yyyy)<br><u>11/04/02</u>  |    | 5. Media Type:<br><input type="checkbox"/> CAA-Stationary <input type="checkbox"/> CWA-NPDES <input type="checkbox"/> GLP <input checked="" type="checkbox"/> Lead Paint   |     |    |   |   |
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## NOTE TO EPA INSPECTORS

The main purpose of EPA inspections is to determine compliance with environmental regulations and enforcement agreements. Other secondary purposes include providing a field presence to create a credible deterrent and providing assistance, when appropriate, to help facilities achieve compliance.

- The ICDS is designed to identify readily observable corrections to deficiencies and compliance assistance activities. ICDS is NOT designed to capture ALL of the observations, findings, and other data contained in the final inspection report. **Deficiencies identified as potential violations, and actions to address deficiencies noted on the ICDS must be included in the final inspection report.**
- ICDS information will be used to collect accomplishments of EPA's national inspection efforts, develop inspection outcomes for GPRA, and manage national compliance monitoring resources.
- The information will NOT be used to track individual EPA inspector's performance.
- The ICDS should **only** be used for EPA-led inspections, not for state oversight inspections.

### Instructions for Specific Questions

| Number | Instructions  |
|--------|---|
| 1.     | Facility Name/Location: Enter the Region, and facility name/location (for unpermitted facilities).  |
| 2.     | Permit ID #: If the facility has a permit, enter the general facility permit ID number from the Facility Registration System (FRS) or the CAA or CWA permit number. Does not apply to Lead Paint inspections.   |
| 3.     | <b>SIC/NAICS Codes:</b> Identify the code corresponding to the facility. Guidance on how to identify SIC or NAICS codes can be downloaded at ( <a href="http://www.doc.gov">http://www.doc.gov</a> ), CD-rom (PB98-502024) by calling NTIS (800-553-6847), or Inspector Website ( <a href="http://intranet.epa.gov.oeca/oc/metd/inspector">http://intranet.epa.gov.oeca/oc/metd/inspector</a> ). Does not apply to Lead Paint inspections.  |
| 4.     | Date of Inspection: Enter the beginning date of the inspection (e.g., 04/10/2001)   |
| 5.     | Media Type: Check the media program inspection being conducted.   |
| 6.     | Communicating Deficiencies: Check YES or NO. Check NO if deficiencies were not observed. EPA inspectors should follow the Regional policy on when and how to inform facilities of deficiencies. Deficiencies are defined as potential violations. Deficiencies are NOT compliance determinations (further review is needed to determine violations).  |
| 7.     | Actions Taken: Check YES or NO. If Yes, check only action(s) actually observed/seen, or write in a short description of the action in the "Optional" section. These are <i>not</i> compliance determinations. <b>Check the box to specify the pollutant:</b> <i>Other -- any pollutant besides listed below.</i> Ammonia - NH <sub>3</sub> -N, ammonia nitrogen, ammonia as N, BOD-Biochemical Oxygen Demand, COD- Chemical Oxygen Demand, TC-Total Coliform, TSS- Total Suspended Solids, SS, Settleable solids, O/G-Oil and Grease, DO- Dissolved Oxygen, NO <sub>x</sub> - Nitrogen Oxides, SO <sub>2</sub> -Sulphur Dioxide, PM- Particulate Matter, VOC- Volatile Organic Chemical, CN- Cyanide, HAPs - Hazardous Air Pollutants, CO- Carbon Monoxide, Metals- Hexavalent Chromium, Lead, Mercury, etc. The Case Conclusion Data Sheet Training Booklet [November, 2000] provides additional information on actions taken. The Training Booklet can be obtained by calling the Office of Compliance at (202) 564-6004. |
| 8.     | Compliance Assistance: Inspectors are <b>not</b> required to provide compliance assistance during inspections. If the inspector provides compliance assistance, check yes, and either Tier 1, Tier 2, or both. Inspectors provide Tier 1 assistance when they distribute or share information on regulatory compliance, Pollution Prevention or technical written assistance materials or websites and EPA, state and local assistance programs. Inspectors provide Tier 2 assistance when they share information and insight into a facility's particular compliance problem and/or information on recognized industry practices to reduce or eliminate pollution at the facility. (See further guidance in the <u>The Role of the EPA Inspector in Compliance Assistance Report</u> , [July, 1997] on the Inspector Website, or contact the Compliance Assessment and Media Programs Division (202) 564-2300.   |

### Data Collection Process

- ➔ Inspectors should fill in the ICDS *immediately* after the inspection is completed.
- ➔ Completed forms should be forwarded to first-line supervisor or designated alternate within five (5) days after returning from either a single inspection or a series of inspections.
- ➔ The first-line supervisor or designated alternate should review ICDS for completeness and accuracy.
- ➔ First-line supervisors/alternates should mail completed original numbered ICDS forms to: USEPA, Office of Compliance, CAMPD, Mailcode 2223-A, 1200 Pennsylvania Avenue, Washington, DC 20460, at the end of each quarter in FY 2002 on the first Friday of a new quarter: *January 4, April 5, July 5, October 4. (FY 2002)*
- ➔ OC will compile ICDS data and report back to the Regions on a semiannual basis.